

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	SP		9-24-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	M K	1102	10/24/01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 + Restricted O Objected

Claim	Date
Final	
Original	
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	
26	
27	
28	
29	
30	
31	
32	
33	
34	
35	
36	
37	
38	
39	
40	
41	
42	
43	
44	
45	
46	
47	
48	
49	
50	

Claim	Date
Final	
Original	
51	10/24/01
52	9-1-01
53	
54	
55	
56	
57	
58	
59	
60	
61	
62	
63	
64	
65	
66	
67	
68	
69	
70	
71	
72	
73	
74	
75	
76	
77	
78	
79	
80	
81	
82	
83	
84	
85	
86	
87	
88	
89	✓✓
90	
91	
92	
93	
94	
95	
96	
97	
98	
99	
100	✓✓

Claim	Date
Final	
Original	
101	10/24/01
102	9-1-01
103	
104	
105	
106	
107	
108	
109	
110	
111	
112	
113	
114	
115	
116	
117	
118	
119	
120	
121	
122	
123	
124	
125	
126	
127	
128	
129	
130	
131	
132	
133	
134	
135	
136	
137	
138	
139	
140	
141	
142	
143	
144	
145	
146	
147	
148	
149	
150	

If more than 150 claims or 10 actions
 staple additional sheet here

(LEFT INSIDE)

BEST AVAILABLE COPY

CONTINUATION

Claim		Date	
Final	Original		
151	1		
152	2		
153	3		
154	4		
155	5		
156	6		
157	7		
158	8		
159	9		
160	10		
161	11		
162	12		
163	13		
164	14		
165	15		
166	16		
167	17		
168	18		
169	19		
170	20		
171	21		
172	22		
173	23		
174	24		
175	25		
176	26		
177	27		
178	28		
179	29		
180	30		
181	31		
182	32		
183	33		
184	34		
185	35		
186	36		
187	37		
188	38		
189	39		
190	40		
191	41		
192	42		
193	43		
194	44		
195	45		
196	46		
197	47		
198	48		
199	49		
200	50		

Claim		Date	
Final	Original		
51			
52			
53			
54			
55			
56			
57			
58			
59			
60			
61			
62			
63			
64			
65			
66			
67			
68			
69			
70			
71			
72			
73			
74			
75			
76			
77			
78			
79			
80			
81			
82			
83			
84			
85			
86			
87			
88			
89			
90			
91			
92			
93			
94			
95			
96			
97			
98			
99			
100			

Claim		Date	
Final	Original		
101			
102			
103			
104			
105			
106			
107			
108			
109			
110			
111			
112			
113			
114			
115			
116			
117			
118			
119			
120			
121			
122			
123			
124			
125			
126			
127			
128			
129			
130			
131			
132			
133			
134			
135			
136			
137			
138			
139			
140			
141			
142			
143			
144			
145			
146			
147			
148			
149			
150			

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)

BEST AVAILABLE COPY